

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>001136</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/18/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>LAKE PARK RESIDENTIAL CARE INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2075 RIPLEY ST</b> <b>LAKE STATION, IN 46405</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p><b>INITIAL COMMENTS</b></p> <p>This visit was for the Investigation of Complaints IN00203660 and IN00204670.</p> <p>This visit was in conjunction with the PSR (Post Survey Revisit) to the PSR to Investigation of Complaint IN00195742 completed on March 29, 2016, which resulted in unrelated deficiencies cited.</p> <p>Complaint IN00203660- Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00204670- Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey date: July 18, 2016</p> <p>Facility number: 001136 Provider number: 001136 AIM number: N/A</p> <p>Residential census: 119</p> <p>Sample: 4</p> <p>Lake Park Residential Care was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00203660 and IN00204670.</p> <p>Quality Review completed by 14454 on July 22, 2016.</p>	R 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE